

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AMH</i>		7/14/94
O.I.P.E. CLASSIFIER		3. 100571	7-2-94
FORMALITY REVIEW			8-2-94

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/2/94
2	✓	✓	1/2/94
3	✓	✓	1/2/94
4	✓	✓	1/2/94
5	✓	✓	1/2/94
6	✓	✓	1/2/94
7	✓	✓	1/2/94
8	✓	✓	1/2/94
9	✓	✓	1/2/94
10	✓	✓	1/2/94
11	✓	✓	1/2/94
12	✓	✓	1/2/94
13	✓	✓	1/2/94
14	✓	✓	1/2/94
15	✓	✓	1/2/94
16	✓	✓	1/2/94
17	✓	✓	1/2/94
18	✓	✓	1/2/94
19	✓	✓	1/2/94
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21	✓	✓	1/2/94
22	✓	✓	1/2/94
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25	✓	✓	1/2/94
26	✓	✓	1/2/94
27	✓	✓	1/2/94
28	✓	✓	1/2/94
29	✓	✓	1/2/94
30	✓	✓	1/2/94
31	✓	✓	1/2/94
32	✓	✓	1/2/94
33	✓	✓	1/2/94
34	✓	✓	1/2/94
35	✓	✓	1/2/94
36	0	0	1/2/94
37	0	0	1/2/94
38	0	0	1/2/94
39	0	0	1/2/94
40	0	0	1/2/94
41	0	0	1/2/94
42	0	0	1/2/94
43	0	0	1/2/94
44	0	0	1/2/94
45	0	0	1/2/94
46	0	0	1/2/94
47	0	0	1/2/94
48	0	0	1/2/94
49	0	0	1/2/94
50	0	0	1/2/94

Claim	Final	Original	Date
51	✓	✓	1/2/94
52	✓	✓	1/2/94
53	✓	✓	1/2/94
54	✓	✓	1/2/94
55	✓	✓	1/2/94
56	✓	✓	1/2/94
57	✓	✓	1/2/94
58	✓	✓	1/2/94
59	✓	✓	1/2/94
60	✓	✓	1/2/94
61	✓	✓	1/2/94
62	✓	✓	1/2/94
63	✓	✓	1/2/94
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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